



Lake Erie Educational Computer Association

1885 Lake Avenue • Elyria, Ohio 44035

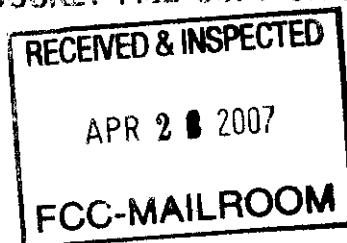
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Linking Education Everywhere Creating Achievement

April 16, 2007

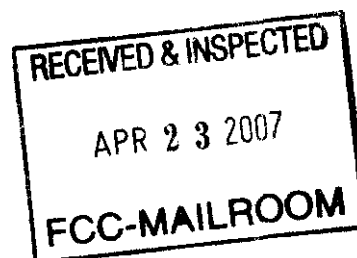
Letter of Appeal
Federal Communications Commission
Office of the Secretary
445 - 12th Street, SW
Washington, DC 20554

DOCKET FILE COPY ORIGINAL



Reference: CC Docket No. 02-6

Subject: Letter of Appeal
Form 471 Number: 444012
Funding Request Numbers:



Dear Sir or Madam:

REQUEST FOR REVIEW - This is a letter of *appeal* based on the SLD's Administrator's Decision on Appeal - Funding Year 2005-2006 explanation dated March 30, 2007 for Form 471 # 444012, FRNs 1225412, 1225414, 1225416, 1225424, 1225426, 1225429, 1225433, 1225440, 1225441, 1225444, 1225446, 1225449, 1225450, 1225452, 1225454, 1225455, 1225457, 1225463, 1225466, 1225467, 1225474, 1225477, 1225479, 1225484, 1225487, 1225490, 1225497, 1225518, 1225522, 1225526, 1225532, 1225535, 1225539, 1225544, 1225546, 1225550, 1225828, 1225829, 1225830, 1225831, 1225832, 1225833, 1225834, 1225835, 1225836, 1225837, 1225838, 1225839, 1225840, 1225841, 1225842, 1225843, 1225844, 1225845, 1225846, 1225847, 1225848, 1225849, 1225850, 1225851, 1225852, 1225853, 1225854, 1225856, 1225857, 1225858, 1225859, 1225860, 1225861, 1225862, 1225863, 1225864, 1225865, 1225866, 1225867, 1225868, 1225869, 1225870, 1225871, 1225872, 1225873, 1225874, 1225875, 1225876, 1225877, 1225878, 1225879, 1225880, 1225881, 1225882, 1225883, and 1225917 for Funding Year 2005 (July 1, 2005-June 30, 2006).

The explanation for the original denial AND for the denial of the Appeal to the SLD was that information requested by the SLD **was** not provided within the 7 day or extended timeframe and the application was therefore denied. We believe that the SLD was and is in error in this determination and that the Lake Erie Educational Computer Association (LEECA) never stopped supplying information regarding 471 Application #444012 to the SLD during the original application review process or during the Appeal review process.

While our appeal was being reviewed, we worked with several people from the SLD Appeals office, Phil Nazzaro, Douglas May, Nancy Fontana and Kelly Miller, and supplied **all** the information that was requested. In the documentation dated November 13, 2006 (Attachment 'A'), there was a request for a copy of the technology plans in general, not any specific. This information was supplied to Reviewer, Phil Nazzaro by supplying a web site to view these online. After supplying this URL we did not hear back that the Cleveland Catholic Diocese was not available online. The specific request for the Cleveland Catholic Diocese was first received from Kelly Miller in March 7, 2007 during a phone call

and then a follow-up email was received on March 15, 2007 (attachment "B") with a Response Due Date of March 30, 2007. The information was faxed to Kelly Miller on March 7, 2007 and then again on March 15, 2007 (Attachment "C") after it was indicated that that fax was never received.

With this LEECA case at point, we feel we should not be denied the balance of funding for these schools.

Accordingly, we respectfully request that you grant this appeal and reinstate FRNs 1225412, et. al., for continued review and eventual approval.

Sincerely,

Contact Person: Linda Moore
Address: 1885 Lake Avenue, Elyria, OH 44035
Phone: (440) 324-3185 x1169
Fax: (440) 324-7355
Email: linda.moore@leeca.org

Billed entity name: Lake Erie Educational Computer Association
Form Application No.: For 471 application number 444012 (entire application)
Billed Entity Number: 129419

Authorized Name: Lloyd Wright
Title: Director
Phone: (440) 324-3185 x1153

Signature  Date 4/11/07

Linda Moore

Attachment " " "

From: Nazzaro, Philip [PNAZZAR@sl.universalservice.org]
Sent: Monday, November 13, 2006 3:52 PM
To: linda.moore@leeca.org
Subject: Appeal: 2005 ERate funding application #'s 443616, 445634, 445877 & 444012

11/13/06

Linda Moore
Lake Erie Educational Computer Association
440-322-5777
Application Numbers: 443616, 445634, 445877 & 444012

Response Due Date: 11/28/06

Linda,

Please find attached a 15 day letter for the appeal of 2005 ERate funding application #'s 443616, 445634, 445877 & 444012.

Thank you,

Phil Nazzaro
Schools & Libraries
Phone # 973-581-7563
Fax # 973-599-6521
E-Mail: pnazzar@sl.universalservice.org

Confidentiality Notice: The information in this e-mail and any attachments thereto is intended for the named recipient(s) only. This e-mail, including any attachments, may contain information that is privileged and confidential and subject to legal restrictions and penalties regarding its unauthorized disclosure or other use. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or the taking of any action or inaction in reliance on the contents of this e-mail and any of its attachments is **STRICLY PROHIBITED**. If you have received this e-mail in error, please immediately notify the sender via return e-mail; delete this e-mail and all attachments from your e-mail system and your computer system and network; and destroy any paper copies you may have in your possession. Thank you for your cooperation.

4/16/2007

11/13/06

Linda Moore
Lake Erie Educational Computer Association
440-322-5777
Application Numbers: 443616,445634,445877 & 444012

Response Due Date: 11/28/06

We are in the process of reviewing all Funding Year 2005 Form 471 appeals for schools and libraries discounts to ensure that they are in compliance with the rules of the Universal Service program. I am currently in the process of reviewing your Funding Year 2005 Form 471 appeal. To complete my review I need some additional information. The information needed to complete the **PIA** Review is listed below.

1) Notification of Possible Errors:

For more information, please refer to the USAC web site <http://www.usac.org/sl> under "Information on Bishop Perry Order".

The following items on your Form 471 may contain errors, but we were unable to detect them during our review process:

- Block 1 - Billed Entity Name, Billed Entity Number or Billed Entity contact information.
- Block 4 - Discount calculation worksheets
- Block 5 - Service Provider Identification Number (SPIN) or service provider name (if the change is a corrective rather than operational change)
- Block 5 - Contract number
- Block 5 - Billing account number
- Block 5 - Funds requested in an FRN
- Block 5 - Entity(ies)/Worksheet cited in an FRN
- Block 6 - Amount budgeted for ineligible services

If you detect any errors in these items, you can make corrections during the next 15 days. To request a correction, make a copy of your Form 471 and draw a line through each incorrect item and mark clearly next to it the corrected information.

If there are no corrections, please respond in writing in order for your application to be expedited before the 15 day waiting period.

It is your responsibility to review your Form 471 application and provide corrections to us. All corrections should be submitted to me by fax or email.

(*****In Addition to the above, New Information is Needed*****)
We have some specific questions about your application.

2) For Form 471 # 443616, FRN's 1227843,1227845,1227847,1227848,1227849,1227850, 1227851, 1227852, 1227854,1227855, 1227861, 1227863,1227867,1227869,1227875, 1227878, 1227881, 1227885, 1227887,1227889, 1227893,1227902,1227905,1227908,1227912,1227914, 1227943, and 1227975, you requested \$400/month/FRN on your Form 471. However, the documentation you submitted supports \$ 442.86/month/entity. **Is the amount requested on the FRN correct?** (Yes/No)

If No, please advise me of the eligible amount we wish to request. **You** may increase up to the amount cited above as supported in your documentation.

If **Yes**, please confirm that your FRN is correct.

3) Based on your documentation for Form 471 #445634, FRNs 1228683, 1228684, 1228685, 1228686, 1228687, 1228688, 1228689, 1228690, 1228691, 1228692, 1228693, 1228694, 1228695, 1228696, 1228697, 1228698, 1228699, 1228700, 1228701, 1228702, 1228703, 1228704, 1228705, 1228706, 1228707, 1228708, 1228709, 1228710, and 1228711 are requests for Internet Access Service, but the documentation does not indicate the bandwidth of the service being provided. Please indicate the bandwidth of the Internet Access that is being provided (e.g. 56-K, T-1, DSL, ISDN, and/or OC-3).

4) Based upon review of your Form **471** application, we were not able to validate your requested discount percentage of 90% for Longfellow Elementary School. If you **choose** to validate your original requested discount percentage of 90%, then please provide the appropriate documentation if one of the following acceptable methods were used:

- a. **If the school participates in a National School Lunch Program (NSLP)**, please provide **us** a signed copy (preferably by the Principal, Vice-Principal, Superintendent or chief **school official**, or Director of **Food Services**) of a Reimbursement Claim Form that the school sends to the state each month. Make sure that the following 3 items are identified:
 - 1) The Entity name
 - 2) The total number of students enrolled at the entity
 - 3) The total number of students eligible for Free/Reduced Lunch Program for the entity

If the **school** district fills out an aggregate form for the school district, provide a signed letter from a school official (preferably the Superintendent (or chief **school official**) that lists the enrollment and Free/Reduced information for each school in the district.

- b. If the discount percentage was determined by information obtained from a survey/application, please provide the following information:
 - 1) Total number of students enrolled

- 2) Total number of surveys/applications sent out
- 3) Number of surveys/applications returned
- 4) Total number of students qualified for NSLP per the returned surveys/applications
- 5) Are the surveys/applications and results kept on file.
- 6) Provide a sample copy of a FILLED OUT SURVEY/APPLICATION with the child's personal information crossed out for confidentiality.
- 7) A signed certification that reads: "I certify that only those students who meet the Income Eligibility Guidelines of the National School Lunch Program have been included in Column 5 of Item 9a, of Block 4 of the Form 471."
- 8) This information must be in writing on school letterhead and signed by a school official (such as the Principal, Vice-Principal, Superintendent or chief school official, Director of Food Services).

- c. If the discount was determined using a different method than what was identified above, please indicate the method that was used and provide all relevant data.

5) Based upon review of your Form **471** application, we were not able to validate your requested discount percentage of **40%** for WR Burton Vocational Center. If you choose to validate your original requested discount percentage of **40%**, then please provide the appropriate documentation if one of the following acceptable methods were **used**

- d. If the school participates in a National School Lunch Program (NSLP), please provide us a signed copy (preferably **by** the Principal, Vice-Principal, Superintendent or chief school official, or Director of Food Services) of a Reimbursement Claim Form that the school sends to the state each month. Make sure that the following 3 items are identified:
- 1) The Entity name
 - 2) The total number **of** students enrolled at the entity
 - 3) The total number of students eligible for Free/Reduced Lunch Program for the entity

If the school district fills out an aggregate form for the school district, provide a signed letter from a school official (preferably the Superintendent (or chief school official) that lists the enrollment and Free/Reduced information for each school in the district.

- e. If the discount percentage was determined by information obtained from a survey/application, please provide the following information:
- 1) Total number **of** students enrolled
 - 2) Total number of surveys/applications sent out
 - 3) Number of surveys/applications returned
 - 4) Total number of students qualified for NSLP per the returned surveys/applications
 - 5) Are the surveys/applications and results kept on file.
 - 6) Provide a sample copy of a FILLED OUT SURVEY/APPLICATION with

the child's personal information crossed out for confidentiality.

- 7) **A** signed certification that reads: "I certify that only those students who meet the Income Eligibility Guidelines of the National School Lunch Program have been included in Column **5** of Item 9a, **of** Block 4 of the Form 471."
 - 8) This information must be in writing on school letterhead and signed by a school official (such as the Principal, Vice-Principal, Superintendent or chief school official, Director of Food Services).
- f. If the discount was determined using a different method than what was identified above, please indicate the method that was used and provide all relevant data.

6) Based upon review of your Form **471** application, we were not able to validate your requested discount percentage of **50%** for Lewis Mayer JR High School. If you choose to validate your original requested discount percentage of **50%**, then please provide the appropriate documentation if one of the following acceptable methods were used:

- g. If the school participates in a National School Lunch Program (NSLP), please provide us a signed copy (preferably **by** the Principal, Vice-Principal, Superintendent or chief school official, or Director of Food Services) of a Reimbursement Claim Form that the school sends to the state each month. Make sure that the following 3 items are identified:
- 1) The Entity name
 - 2) The total number of students enrolled at the entity
 - 3) The total number **of** students eligible for Free/Reduced Lunch Program for the entity

If the school district fills out an aggregate form for the school district, provide a signed letter from a school official (preferably the Superintendent (or chief school official) that lists the enrollment and **Free/Reduced** information for each school **in** the district.

- h. If the discount percentage was determined by information obtained from a survey/application, please provide the following information:
- 1) Total number of students enrolled
 - 2) Total number of surveys/applications sent out
 - 3) Number of surveys/applications returned
 - 4) Total number of students qualified for NSLP per the returned surveys/applications
 - 5) Are the surveys/applications and results kept on file.
 - 6) Provide a sample copy of a FILLED OUT SURVEY/APPLICATION with **the** child's personal information crossed out for confidentiality.
 - 7) A signed certification that reads: "I certify that only those students who meet the Income Eligibility Guidelines of the National School Lunch Program have been included in Column **5** of Item 9a, **of** Block **4** of the Form 471."
 - 8) This information must be in writing on school letterhead and signed by a

school official (such as the Principal, Vice-Principal, Superintendent or chief school official, Director of Food Services).

- i. If the discount was determined using a different method than what was identified above, please indicate the method that was used and provide all relevant data.

7) Based upon review of your Form **471** application, we were not able to validate your requested discount percentage of 80% for St. Adalbert School-Cleveland. If you choose to validate your original requested discount percentage of **80%**, then please provide the appropriate documentation if one of the following acceptable methods were used:

- j. If the school participates in a National School Lunch Program (NSLP), please provide us a signed copy (preferably by the Principal, Vice-Principal, Superintendent or chief school official, or Director of Food Services) of a Reimbursement Claim Form that the school sends to the state each month. Make sure that the following 3 items are identified:
 - 1) The Entity name
 - 2) The total number of students enrolled at the entity
 - 3) The total number of students eligible for Free/Reduced Lunch Program for the entity

If the school district fills out an aggregate form for the school district, provide a signed letter from a school official (preferably the Superintendent (**or** chief school official) that lists the enrollment and Free/Reduced information for each school in the district.

- k. If the discount percentage was determined by information obtained from a survey/application, please provide the following information:
 - 1) Total number of students enrolled
 - 2) Total number of surveys/applications sent out
 - 3) Number of surveys/applications returned
 - 4) Total number of students qualified for NSLP per the returned surveys/applications
 - 5) Are the surveys/applications and results kept on file.
 - 6) Provide a sample copy of a FILLED OUT SURVEY/APPLICATION with the child's personal information crossed out for confidentiality.
 - 7) A signed certification that reads: "I certify that only those students who meet the Income Eligibility Guidelines of the National School Lunch Program have been included in Column 5 of Item 9a, of Block 4 of the Form **471**."
 - 8) This information must be in writing on school letterhead and signed by a school official (such as the Principal, Vice-Principal, Superintendent or chief school official, Director of Food Services).

- l. If the discount was determined using a different method than what was identified above, please indicate the method that **was** used and provide all relevant data.

8) Based upon review of your Form 471 application, we were not able to validate your requested discount percentage of 90% for St. Stanislaus School. If you choose to validate your original requested discount percentage of 90%, then please provide the appropriate documentation if one of the following acceptable methods were used:

- m. If the school participates in a National School Lunch Program (NSLP), please provide us a signed copy (preferably by the Principal, Vice-Principal, Superintendent or chief school official, or Director of Food Services) of a Reimbursement Claim Form that the school sends to the state each month. Make sure that the following 3 items are identified:
 - 1) The Entity name
 - 2) The total number of students enrolled at the entity
 - 3) The total number of students eligible for Free/Reduced Lunch Program for the entity

If the school district fills out an aggregate form for the school district, provide a signed letter from a school official (preferably the superintendent (or chief school official) that lists the enrollment and Free/Reduced information for each school in the district.

- n. If the discount percentage was determined by information obtained from a survey/application, please provide the following information:
 - 1) Total number of students enrolled
 - 2) Total number of surveys/applications sent out
 - 3) Number of surveys/applications returned
 - 4) Total number of students qualified for NSLP per the returned surveys/applications
 - 5) Are the surveys/applications and results kept on file.
 - 6) Provide a sample copy of a FILLED OUT SURVEY/APPLICATION with the child's personal information crossed out for confidentiality.
 - 7) A signed certification that reads: "I certify that only those students who meet the Income Eligibility Guidelines of the National School Lunch Program have been included in Column 5 of Item 9a, of Block 4 of the Form 471."
 - 8) This information must be in writing on school letterhead and signed by a school official (such as the Principal, Vice-principal, Superintendent or chief school official, Director of Food Services).
- o. If the discount was determined using a different method than what was identified above, please indicate the method that was used and provide all relevant data.

9) Based upon review of your Form 471 application, we were not able to validate your requested discount percentage of 80% for St. Jerome Elementary. If you choose to validate your original requested discount percentage of 80%, then please provide the appropriate documentation if one of the following acceptable methods were used:

- p. If the school participates in a National School Lunch Program (NSLP), please provide us a signed copy (preferably by the Principal, Vice-Principal, Superintendent or chief school official, or Director of Food

Services) of a Reimbursement Claim Form that the school sends to the state each month. Make sure that the following 3 items are identified:

- 1) The Entity name
- 2) The total number of students enrolled at the entity
- 3) The total number of students eligible for Free/Reduced Lunch Program for the entity

If the school district fills out an aggregate form for the school district, provide a signed letter from a school official (preferably the Superintendent (or chief school official) that lists the enrollment and Free/Reduced information for each school in the district.

- q. If the discount percentage was determined by information obtained from a survey/application, please provide the following information:
- 1) Total number of students enrolled
 - 2) Total number of surveys/applications sent out
 - 3) Number of surveys/applications returned
 - 4) Total number of students qualified for NSLP per the returned surveys/applications
 - 5) Are the surveys/applications and results kept on file.
 - 6) Provide a sample copy of a FILLED OUT SURVEY/APPLICATION with the child's personal information crossed out for confidentiality.
 - 7) A signed certification that reads: "I certify that only those students who meet the Income Eligibility Guidelines of the National School Lunch Program have been included in Column 5 of Item 9a, of Block 4 of the Form 471."
 - 8) This information must be in writing on school letterhead and signed by a school official (such as the Principal, Vice-Principal, Superintendent or chief school official, Director of Food Services).
- r. If the discount was determined using a different method than what was identified above, please indicate the method that was used and provide all relevant data.

10) Section I

Is the Form 470 420280000330132 on your Form 471 445877 the establishing Form 470 for services to the entity on this Form 471? **Yes or No.**

If No, please provide the information for the following bullets ONLY

- Please provide the 15-digit Form 470 Number that did establish the bidding for the FRN. The establishing Form 470 is the specific Form 470, which was posted for that particular service for 28 days, and pursuant to which a contract was signed or an agreement was entered into.

- Also provide a copy of the full contract, signed and dated by both parties, to verify the correct CAD, and also verify if the referenced Form 470 is the establishing Form 470 for the services to the entity on this Form 471.

If Yes, proceed to Section II

Section II

You indicated the Contract Award Date (CAD) for service is 7/1/2000 for your FCC Form 471 #445877 Block 5 Item 18, associated with Funding Request Numbers (FRN) 1238119, 1238120, 1238123, 1238124, 1238126, 1238129, 1238131, 1238133, 1238136, 1238140, 1238141, 1238143, 1238144, 1238145, 1238149, 1238151, 1238153, 1238155, 1238156, 1238157, 1238158, 1238159, 1238161, 1238163, 1238165, 1238166, 1238167, 1238168, 1238173. Was the incorrect date entered at the time the FCC Form 471 was completed? **Yes or No.**

If No, please provide the information for the following bullet ONLY:

- **The** rules of this program require that the CAD be after the ACD. Please provide a copy of the full contract, signed and dated by both parties, to verify the correct CAD. If the contract is a State Master Contract, you do not have to submit a copy of the signed contract if that contract is available online or has already been submitted to PIA. Please provide us with the contract name and number of the State Master Contract. If you have already submitted the relevant contract information in connection with another review, please provide the FCC Form 471 application number involved so that we can locate the documentation in our files. For further guidance regarding CADs, please refer to the Schools and Libraries Division website at: Step 4: Select a Service Provider (www.universalservice.org/sl/applicants/step04/default.aspx).

If Yes, proceed to Section III

Section III

Provide the following information for the following bullets:

- Provide USAC with the correct Contract Award Date.
- A copy of the full contract, signed and dated by both parties, to verify the correct CAD. If the contract is a State Master Contract, you do not have to submit a copy of the signed contract if that contract is available online or has already been submitted to PIA. Please provide us with the contract name and number of the State Master Contract. If you have already submitted the relevant contract information in connection with another review, please provide the FCC Form 471 application number involved so that we can locate the documentation in our files. For further guidance regarding CADs, please refer to the Schools and Libraries Division website at: Step 4: Select a Service Provider (www.universalservice.org/sl/applicants/step04/default.aspx).

- If your authorized representative completed the information in this document, please attach a copy of the letter of agency or another agreement between you and ~~the~~ consultant authorizing them to act on your behalf. If you receive assistance outside of your organization in responding to this request, please indicate this in your reply.
- Complete, sign, and return the certification (below).

CERTIFICATION

I certify that I **am** authorized to make the representations set forth below on behalf of *<enter entity name>*, the entity represented on this letter, and **am** the most knowledgeable person with regard to the information set forth herein. I certify that for Funding Request Number(s) (FRN) 1238119, 1238120, 1238123, 1238124, 1238126, 1238129, 1238131, 1238133, 1238136, 1238140, 1238141, 1238143, 1238144, 1238145, 1238149, 1238151, 1238153, 1238155, 1238156, 1238157, 1238158, 1238159, 1238161, **1238163**, **1238165**, **1238166**, 1238167, 1238168, 1238173, the Contract Award Date (CAD) is _____ as reflected on the supporting documentation **for** this contract. I **am** correcting the **CAD** provided on the FCC Form 471 submitted for the above listed FRNs. I acknowledge that false statements can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001 and civil violations of the False Claims Act. I acknowledge that FCC rules provide that persons who have been convicted of criminal violations or held civilly liable for certain acts arising from their participation in the schools and libraries support mechanism are subject to suspension and debarment from the program.

I declare under penalty of perjury that the foregoing is true and correct. Executed on ____ day of _____, 2006 at _____ [city], _____ [state].

Signed _____ Date _____
 Print Name _____
 Title _____
 Employer _____
 Telephone Number _____
 E-mail Address _____
 Address _____

11) Based upon review of your Form 471 application # 443616, it appears that FRN's 1227843, 1227845, 1227847, 1227848, 1227849, 1227850, 1227851, 1227852, 1227854, 1227855, 1227861, 1227863, 1227867, 1227869, 1227875, 1227878, 1227881, 1227885, 1227887, 1227889, 1227893, 1227902, 1227905, 1227908, 1227912, 1227914, 1227943, and 1227975 are supported by a multi-year contract. According to the date in

your Form **471** application, your original contract was awarded **3/2/1999** and the Contract Expiration Date is **7/1/2006**.

Please provide a copy of the original contract, signed and dated by both parties, and any applicable contract extensions and/or modifications.

The contract could have been a State Master Contract, if the requested services are being purchased off of a State Master Contract. If your contract is a State Master Contract, please indicate **so** and supply documentation of the full contract. This could either be a copy of the contract, **or** information on where this contract can be viewed online. If you have already submitted the relevant contract information in connection with another review, please provide the application number involved **so** that we can locate the documentation in our files.

12) Based upon: review of your Form **471** application # **444012**, it appears that FRN's **1227843, 1227845, 1227847, 1227848, 1227849, 1227850, 1227851, 1227852, 1227854, 1227855, 1227861, 1227863, 1227867, 1227869, 1327875, 1227878, 1227881, 1227885, 1227887, 1227889, 1227893, 1227902, 1227905, 1227908, 1227912, 1227914, 1227943, and 1227975** are supported by a multi-year contract. According to the date in your Form **471** application, your original contract was awarded **3/2/1999** and the Contract Expiration Date is **7/1/2006**.

Please provide a copy of the original contract, signed and dated by both parties, and any applicable contract extensions and/or modifications.

The contract could have been a State Master Contract, if the requested services are being purchased off of a State Master Contract. If **your** contract is a State Master Contract, please indicate **so** and supply documentation of the full contract. This could either be a copy **of** the contract, or information on where this contract can be viewed online. If you have already submitted the relevant contract information in connection with another review, please provide the application number involved **so** that we can locate the documentation in our files.

13) Based upon review of your FY2005 Form 471 application # 443616, it appears that the FRN's 1227843,1227847,1227848,1227850,1227851,1227854,1227855,1227861,1227863, 1227867 have the same contract number as Funding Year 2004 Form 471 application # 387508, FRN 1064738, and the Contract Expiration Date submitted in Block **5**, Item 20, has changed from 2/15/2006 to 7/01/2006. Your original contract was awarded prior to July 11,1997, and was exempt from the competitive bidding requirements for the life of the original contract. The rules of this support mechanism require that a Form 470 be posted for 28-Days prior to extending a pre-existing contract. Please answer the following question, and provide the requested documentation as indicated:

Please provide a copy of the original contract, and any applicable contract extensions. If the contract is a State Master Contract, you do not have **to** submit a copy of the signed contract if that contract is available online or has already been submitted to PIA. Please provide us with the contract name and number of the State Master Contract. If you have already submitted the relevant contract information in connection with another review, please provide the application number involved so that **we** can locate the documentation in our files.

Did the Contract Expiration Date change from what was reported on FRN 1064738 on Funding Year 2004 Form 471 application number **387508**?

If so, please provide the 15-digit Form 470 that established the bidding for the contract extension. **The** establishing Form 470 is the specific Form 470, which was posted for that particular service for **28** days, and pursuant to which a contract was signed, extended, or an agreement was entered into. For a request in the Basic Maintenance service category, it is possible that the establishing 470 was **filed** under an Internal Connections service category. The establishing 470 could have been posted by the State, if the requested services **are** being purchased off of a State Master Contract. **If** your contract extension was not posted for 28-Days to a Form 470, please indicate such.

14) Based upon review of your FY2005 Form 471 application # 443616, it appears that FRN's, 1227875,1227881,1227885,1227887,1227889,1227893,1227902,1227905,1227908,1227912, 1227914,1227943, and 1227975 have the same contract number as Funding Year 2004 Form

471 application # 386974, FRN's 1063753 - 1063766 & 1063768 - 1063779; and the Contract Expiration Date submitted in Block **5**, Item **20**, has changed from **2/15/2005** to **7/01/2005**. Your original contract was awarded prior to July **11,1997**, and was exempt from the competitive bidding requirements for the life of the original contract. The rules of this support mechanism require that a Form **470** be posted for 28-Days prior to extending a pre-existing contract. Please answer the following question, and provide the requested documentation as indicated:

Please provide a copy of the original contract, and any applicable contract extensions. If the contract is a State Master Contract, you do not have to submit a copy of the signed contract if that contract is available online or has already been submitted to PIA. Please provide us with the contract name and number of the State Master Contract. If **you** have already submitted the relevant contract information in connection with another review, please provide the application number involved so that we can locate the documentation in our files.

Did the Contract Expiration Date change from what was reported on FRN's **1063753** through **1063766** and **1063768** through **1063779** on Funding Year **2004** Form **471** application number **386974**?

If so, please provide the 15-digit Form 470 that established the bidding for the contract extension. The establishing Form 470 is the specific Form 470, which was posted for that particular service for **28** days, and pursuant to which a contract was signed, extended, or **an** agreement was entered into. For a request in the Basic Maintenance service category, it is possible that the establishing **470** was filed under an Internal Connections service category. The establishing 470 could have been posted **by** the State, if the requested services are being purchased off of a State Master Contract. If your contract extension was not posted for **28-Days** to a Form 470, please indicate such.

15) Based upon review of your **FY2005** Form **471** application # **445877**, it appears that all of the FRN's have the same contract number **as** the FRN's on Funding Year **2004** Form **471** application # **387075**, and the Contract Expiration Date submitted in Block **5**, Item **20**, has changed from **6/30/2005** to **6/30/2007**. The rules **of** this support mechanism require that a new Form **470 be** posted for 28-Days prior to extending the existing contract, unless the establishing Form **470** for the original contract made all potential bidders aware of your ability to extend

the contract beyond its initial term. Please answer the following question, and provide the requested documentation as indicated:

Please provide a copy of the full contract, and any applicable contract extensions. If the contract is a State Master Contract, you do not have to submit a copy of the signed contract if that contract is available online or has already been submitted to PIA.. Please provide us with the contract name and number of the State Master Contract. If you have already submitted the relevant contract information in connection with another review, please provide the application number involved so that we can locate the documentation in our files.

Did the Contract Expiration Date change from what was reported on FRN's 1063959-1063960, 1063962-1063969, 1063971-1063972, 1063974-1063979, 1062981-1062987, 1062989, and 1062891-1062893 on Funding Year 2004 Form 471 application number 387075?

If so, please provide the 15-digit Form 470 that established the bidding for the contract extension. The establishing Form 470 is the specific Form 470, which was posted for that particular service for 28 days, and pursuant to which a contract **was** signed, extended, or **an** agreement was entered into. For a request in the Basic Maintenance service category, it is possible that the establishing 470 was filed under an Internal Connections service category. The establishing 470 could have been posted by the State, if the requested services are being purchased **off** of a State Master Contract. If your contract extension was not posted for 28-Days to a new Form 470, please indicate such.

If the contract extension was not posted to a new Form **470** for **28** days, please provide any relevant bid information, such as a copy of the request for proposals (**RFP**), that was relied upon when the original contract was competitively bid and signed.

16) Based upon review of your Funding Year **2005** Form **471** application **#444012**, it appears that all of the FRN's have the same contract number as Funding Year **2004** Form **471** application # **398391** FRN **1067981**, and the Contract Expiration Date submitted in Block **5**, Item **20**, has changed from **2/15/2006** to **7/01/2005**. Your original contract was awarded prior to July **11, 1997**, and was exempt from the competitive bidding requirements for the life of the original contract. The rules of this support mechanism require that a Form **470** be posted for 28-Days prior to extending a pre-existing contract. Please answer the following question, and provide the requested documentation as indicated:

Please provide a copy **of** the original contract, and any applicable contract extensions. If the contract is a State Master Contract, you do not have to submit a copy of the signed contract if that contract is available online or has already been submitted to PIA. Please provide us with

the contract name and number of the State Master Contract. If you have already submitted the relevant contract information in connection with another review, please provide the application number involved so that we can locate the documentation in our files.

Did the Contract Expiration Date change from what was reported on Funding Year 2004 Form 471 application number 398391?

If so, please provide the 15-digit Form 470 that established the bidding for the contract extension. The establishing Form 470 is the specific Form 470, which was posted for that particular service for 28 days, and pursuant to which a contract was signed, extended, or an agreement was entered into. For a request in the Basic Maintenance service category, it is possible that the establishing 470 was filed under an Internal Connections service category. The establishing 470 could have been posted by the State, if the requested services are being purchased off of a State Master Contract. If your contract extension was not posted for 28-Days to a Form 470, please indicate such.

17) All FRN's on Funding Year 2005 Form 471 application # 445634 are listed as a tariff (T) or month-to-month (MTM) service, and Funding Year 2004 Form 470 Application Number 762970000459732 is referenced as the establishing Form 470 for this service. The rules of this support mechanism require that services delivered on a tariff or month-to-month basis be posted for 28-Days to a new Form 470 each funding year. Since the referenced Form 470 was not filed in the same Funding Year as the Form 471, the request is in violation of the competitive bidding requirements relating to tariff and month-to-month services. Please answer the following questions and provide any relevant documentation.

Is there a Funding Year 2005 Form 470 that established the bidding for this tariff or month-to-month service?

If so, please provide the 15-digit Form 470 Number that established the bidding for this request. The establishing Form 470 is the specific Form 470, which was posted for the services requested for 28 days, and pursuant to which a contract was signed or an agreement was entered into. For a request in the Basic Maintenance service category, it is possible that the establishing 470 was filed under an

Internal Connections service category. The establishing Form 470 could have been posted by the State, if the requested services are being purchased off of a State Master Contract.

If a Funding Year 2005 Form 470 was not filed to establish the bidding for this service, please indicate such in writing.

- 18) FCC rules require that an entity have a written technology plan, consistent with the products/services requested on their Form 471, in order to receive support for services other than basic local, long distance or cellular service. Please answer the following question, and provide the requested documentation as indicated.

Does your school/library have a written technology plan, which is consistent with the products/services requested on your Form 471's, covering the entire Funding Year 2005/2006? If so, please provide a copy of your written technology plan. Please advise if your technology plan was approved under the "Enhancing Education Through Technology" (EETT) Program along with a current copy of your operating budget. If you do not have a written technology plan, please respond in writing (by fax or by email) that you do not have a written technology plan.

For additional information on Technology Planning, please refer to the USAC Website:
<http://www.sl.universalservice.org/reference/TechnologyPlanningFAQ.asp>

19) The entity listed below appears to be Pre-K facility, and is included in a request for services on your FY2006 Form 471 applications 443616, 445634, and 445877. The entity is: ***Homewood Elementary School.***

in your state, Pre-K students and separate Pre-K facilities are not eligible for funding. Any services for Pre-K students, whether in a separate facility, or when part of (a component **of**) the population of a regular elementary or secondary school, are ineligible. Likewise, any services delivered to separate facilities for Pre-K students are also ineligible.

Please respond to the following questions:

1. Does the facility include a Pre-K?
2. Is the Pre-K facility a separate facility, or part **of an** elementary or secondary school?
3. Please provide the Pre-K enrollment (count) that is included in Block 4 of this Form 471.
4. Please provide the Pre-K students eligible (the count) for free and reduced lunch that are included in Block 4 of this Form 471.
5. Please provide a dollar cost allocation or percentage of total cost for the Pre-K students for each FRN.

Your response must include signature and title; or if responding via email, name and title.

For further information regarding Pre-K facilities, **please** refer to the USAC website

20) For FRN 1225467 for Internet Access services, please provide a statement that the services will only be delivered to eligible users at eligible locations. The rules of this support mechanism **do** not allow for services **or** products to be provided to residential homes or other non-school/library facilities (i.e., students and teachers may not dial in from home to access the Internet; there can be no community access, etc). “Remote access” where users from any location use their own Internet account to access school **or** library information, is eligible for funding. If this funding request for Internet Access is strictly limited to services used only at eligible locations by eligible users, then please confirm in writing the following:

“The Internet Access service for which I seek discounts will be strictly limited to providing services only at eligible locations and used only by eligible users. Access to the Internet will not be provided to homes or other non-school or non-library sites.”

(Signed) _____
(Name) _____
(Title) _____
(Date) _____

The above statement must be signed and dated. If **you** are unable to make such a statement, because the statement is not correct, please indicate such.

Please fax or email the requested information to my attention. If you have any questions, please feel free to contact me.

It is important that we receive all of ~~the~~ information requested **within 15 calendar days** so we can complete our review. **Failure to do so may result in a reduction or denial of funding. If you need additional time to prepare your response, please let me know as soon as possible.**

Please advise me if the Contact Person on the application(s) has changed from that on the original application. This change **must** include ~~the~~ Form 471 application number(s) **and** be signed by the original application’s Contact Person, the original application’s Authorized Person or a school official (with name and title provided).

Should you wish to cancel your Form 471 application(s), or any of your individual funding requests, please clearly indicate in your response that it is your intention to cancel an application or funding request(s). Include in any cancellation request the Form 471 application number(s) and/or funding request number(s), and the complete name, title and signature of the authorized individual.

Thank you for your cooperation and continued support of the Universal Service Program.

Phil Nazzaro

Schools and Libraries Division

Program Integrity Assurance

Phone: 973-581-7563

FAX: 973-599-6521

Email: pnazzar@sl.universalservice.org

Linda Moore

ATTACHMENT "3"

From: ProgCompliance [ProgCompliance@sl.universalservice.org]
Sent: Thursday, March 15, 2007 11:17 AM
To: Linda Moore@14403247355
cc: lmoore@leeca.org
Subject: Appeal for Application #444012 (LAKE ERIE EDUCATIONAL COMPUTER ASSOCIATION)

Ms. Moore, (Response due March 30,2007)

In your appeal you state that you have a technology plan for years 2005-2008. You have included the first page of the technology plan but I will need all pages of the plan. Please fax the entire technology plan to my attention to the fax number below.

Please fax or email the requested information to my attention. If you have any questions, please feel free to contact me.

It is important that we receive all of the information requested within **15** calendar days so we can complete our review. Failure to do so may result in a reduction or denial of funding. If you need additional time to prepare your response, please let me know as soon as possible.

Thank you for your cooperation and continued support of the Universal Service Program.

Sincerely,

Kelly Miller
Program Compliance
Schools & Libraries Division
973-581-5115 (phone)
973-599-6525 (fax)
krmiller@solixinc.com

Confidentiality Notice: The **information** in this e-mail and any attachments thereto is intended for the named **recipient(s)** only. This **e-mail**, including any attachments, may contain **information that** is privileged and confidential and subject to legal restrictions and penalties regarding its unauthorized disclosure or other use. **If** you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or the taking of any action or inaction in reliance on the contents of this e-mail and any of its attachments is **STRICTLY PROHIBITED**. If you have received this e-mail in error, please immediately **notify** the sender via return e-mail; delete this e-mail and all attachments from your **e-mail** system and your computer system and network; and destroy any paper copies you may have in your possession. Thank **you** for your cooperation.

4/16/2007

* * * Communication Result Report (Mar. 15. 2007 12:08PM) * * *

Fax Header)

Date/Time: Mar. 15. 2007 12:04PM

File No. Mode	Destination	Pg(s)	Result	Page Not Sent
3476 Memory TX	819735996525	P. 13	OK	

Reason for error

E. 1) Hang up or line fail
E. 3) No answer
E. 5) Exceeded max. e-mail sizeE. 2) Busy
E. 4) No facsimile connection

Lake Erie Educational Computer Association
1885 Lake Avenue * Elyria, Ohio 44035
Elyria (440) 324-3185, Lorain (440) 244-1639, Fax (440) 324-7355

FAX 1 SHEE**DATE:** *March 15, 2007***TO:** *Kelly Miller
Program Compliance***FAXNO.:** *(973)599-6525***FROM:** *Linda Moore, District Services Rep.***Phone No.** *(440)324-3185 x1169***FAXNO.:** *(440)324-7355***Email:** *lmoore@leeca.org***PAGES:** *___ 13 ___ including cover***MESSAGE:** *Kelly, This was faxed to you On March 7th.
If you have questions, please let me know.**Linda*

Lake Erie Educational Computer Association
1885 Lake Avenue * Elyria, Ohio 44035
Elyria (440) 324-3185, Lorain (440) 244-1659, Fax (440) 324-7355

FAX COVER SHEET

DATE: *March 15, 2007*

TO: *Kelly Miller*
Program Compliance

FAX NO.: *(973)599-6525*

FROM: *Linda Moore, District Services Rep.*
Phone No. *(440)324-3185 x1169*
FAX NO.: *(440)324-7355*
Email: *lmoore@leeca.org*

PAGES: *—13— including cover*

MESSAGE: *Kelly, This was faxed to you On March 7th.
If you have questions, please let me know.*
Linda



Universal Service Administrative Company
Schools & Libraries

80 South Jefferson Road
Whippany, New Jersey 07981
Fax: 973-599-6525

FAX TRANSMISSION COVER SHEET

To: Linda Moore
Fax: 14403247355
Subject: Appeal for Application #444012 (LAKE ERIE EDUCATIONAL COMPUTER
From: ProgCompliance
Date: March 15, 2007
Time: 11:17:14 AM

YOU SHOULD RECEIVE 2 PAGE(S), INCLUDING THIS COVER SHEET. IF YOU DO NOT RECEIVE ALL THE PAGES, PLEASE CALL THE CONTACT SPECIFIED BELOW.

Ms Moore, **(Response due March 30, 2007)**

In your appeal you state that you have a technology plan for years 2005-2008. You have included the first page of the technology plan but I will need all pages of the plan. Please fax the entire technology plan to my attention to the fax number below

Please fax or email the requested information to my attention. If you have any questions, please feel free to contact me

It is important that we receive all of the information requested **within 15 calendar days** so we can complete our review. **Failure to do so may result in a reduction or denial of funding. If you need additional time to prepare your response, please let me know as soon as possible.**

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Thank you for your cooperation and continued support of the Universal Service Program

Sincerely

Kelly Miller

Program Compliance

Schools & Libraries Division

973-581-5115 (phone)

973-599-6525 (fax)

kmiller@solixinc.com